MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-041572

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

Item	Date Amended
1	
2	2/14
3	
4	1
5	1
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7	1
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12	63-3
13	

63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9667

FILED OCT 24 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Incarnate Word Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5601 Devonshire
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: MARGARET Middle: ISABELL Last: HOBART

4. DATE OF DEATH Month Day Year: Sept. 26 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/9/1876

9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Garrett Indiana

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Edwin Taylor Kinney

13b. MOTHER'S MAIDEN NAME: Viola McGuffin

14. NAME OF HUSBAND OR WIFE: Dr. Carl Hobatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Dr Carl Hobart 5601 Devonshire

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Cerebral Hemorrhage, the
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): right Cerebral Hemisphere, the Anterior
DUE TO (c): region. 33/X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ______, to ______ and last saw her/him alive on ______.
Death occurred at 7:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Quinn Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 9-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9/28/1963

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Lupton Chapel 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.: SEP 27 1963

26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

Re-PR-6-2475

Margaret Hobart
Dr Andrew ~~Klein~~ Klein
4632-So.-Grand-Ft. 3 -9220

FRI 2-4 PM
SAT 2 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.